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WASHINGTON COUNTY
HEALTH SYSTEM

May 25, 2007

David A. Neumann, PhD
Health Plan Analyst
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Informal Public Comment on the Proposed Regulations – COMAR 10.24.05, Research Waiver Applications for Participation in the Atlantic Cardiovascular Patient Outcomes Research Team Study of Non-Primary Percutaneous Coronary Interventions Performed in Maryland Hospitals without On-Site Cardiac Surgery

On behalf of the Administration and Medical Staff of the Washington County Hospital we would like to provide comments on the draft regulations (COMAR 10.24.05) as proposed by the Maryland Health Care Commission (MHCC). Since MHCC may grant up to six (6) hospitals without on-site cardiac surgery to perform non-primary PCI as a part of the C-CPORT study, we need clarification on the following issues:

1. What criteria will be used to differentiate the applicants for non-primary PCI between Metropolitan areas of Baltimore and Washington versus Western Maryland, Southern Maryland and the Eastern Shore?

2. What is the timeline for application and the length of time to make application?

In regards to the criteria, we believe that there should be a preference given to the hospitals of Western Maryland, Southern Maryland and the Eastern Shore because of the limitations facing these hospitals related to geographic location and distance from tertiary care. These hospitals struggle with providing quality cardiac care to our communities because of the distance patients need to travel to receive angioplasty. Currently, the standard of care of 90 minutes from door to intervention is very difficult to achieve for these facilities. Many of these hospitals are sole community providers. Tertiary care facilities are more available in the Metropolitan areas of Baltimore and Washington.

For these reasons the rural hospitals have sought the ability to provide primary PCI services. These hospitals want to be considered for non-primary PCI for the same reasons that Rex Cowdry, MD, MPH, Executive Director of MHCC outlined in his memorandum on page 15 under policy and planning considerations. Opening a primary PCI is a large investment of time, effort, and finance. Sole providers in a community are willing to invest in primary PCI to provide quality patient cardiac care. These facilities will benefit from the higher volumes in maintaining the proficiency and skill of the physicians and other clinical providers as well as better use of the financial investment. These non-primary services will allow physicians and staff to maintain qualifications and proficiency without rotating to other facilities.

Based upon the timing of the initiation of the primary PCI, the timeline will be such that the primary PCI programs will not achieve six (6) months of volumes until some time in 2008 based upon the timing of their applications as stipulated and approved by MHCC. Frederick Memorial and Washington County Hospital both received approval on March 15, 2007 and have until March 15, 2008 to open their programs. Based upon each hospital's testimony, both are interested in doing non-primary PCI in order to provide quality cardiac care in their respective communities. The timing of the application process will need to be long enough for these hospitals to open their primary PCI program and achieve six (6) months of volume.

Recognizing that any Maryland hospital that doesn't already perform open heart surgery will want to apply for non-primary PCI, other preferences could be outlined to differentiate applicants, such as:

1. Specialty services that compliment PCI – Trauma II or III, active Organ donation programs, Stroke designation and other Centers of Excellence.
2. Active Research Programs.
3. Strong quality and financial outcomes.

In conclusion, we believe there needs to be a timeline that allows hospitals to be able to participate and still meet the patient requirement of the study. In addition geographic location and the existence of other Specialty Programs should be considered so that MHCC can determine health planning to meet current and future health care system needs for all Maryland residents and assuring access, quality and cost efficiency.

Sincerely,

James P. Hamill
President & CEO